



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Water Permitting & Enforcement Division

Application for an Emergency or Temporary Discharge Authorization

Please complete this form pursuant to section 22a-6k of the Connecticut General Statutes. You must submit the application fee along with this completed form. *Print or type unless otherwise noted.*

| CPPU USE ONLY | |
|---------------|-------|
| App #: | _____ |
| Doc #: | _____ |
| Check #: | _____ |
| | |
| | |

Notes: If the discharge is composed solely of groundwater remediation wastewater and is discharged to a sanitary sewer or to surface water, the discharger must file for authorization under the [General Permit for the Discharge of Groundwater Remediation Wastewater to a Sanitary Sewer](#) or the [General Permit for the Discharge of Groundwater Remediation Wastewater to a Surface Water](#) (unless there is insufficient flow in the receiving water to meet the dilution requirements in the general permit).

If the discharge is to groundwater and is associated with insitu remediation, the discharger must file for authorization under the [Application for Emergency or Temporary Authorization to Discharge to Groundwater to Remediate Pollution](#)

Part I: Application and Fee Information

| Please check the category that applies: | | CPPU USE ONLY Program / [rev id #:EA/TA] |
|--|-----------|---|
| <input type="checkbox"/> Sanitary Sewer Discharge | \$1500.00 | Industrial Pretreatment / [#551/550] |
| <input type="checkbox"/> Surface Water Discharge | \$1500.00 | Industrial NPDES / [#541/540] |
| <input type="checkbox"/> Groundwater Discharge (for groundwater discharges not associated with insitu remediation) | \$1500.00 | UIC (subsurface) / [#1041/547] |
| <p>The fee for municipalities is 50% of the above rates. The fee for single family residences shall be waived.</p> <p>If an emergency exists on site, the application may be processed prior to submittal of fees. Fees shall then be due within 10 days of issuance of the authorization. If submitted fees are deemed inadequate, additional fees shall also be due within 10 days of issuance.</p> <p>The fee shall be non-refundable and shall be paid by check or money order payable to the Department of Energy and Environmental Protection.</p> | | |

Part II: Applicant Information

- **If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the applicant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)*
- *If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).*

1. Applicant Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

a) Applicant Type (check one):

individual federal agency state agency municipality tribal

*business entity (*If a business entity complete i through iii):

i) check type: corporation limited liability company limited partnership
 limited liability partnership statutory trust Other: _____

ii) provide Secretary of the State business ID #: _____ This information can be accessed at the Secretary of State's database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)

iii) Check here if you are **NOT** registered with the Secretary of State's office.

b) Applicant's interest in property at which the proposed activity is to be located:

site owner option holder lessee
 easement holder operator other (specify): _____

Check if any co-applicants. If so, attach additional sheet(s) with the required information as requested above.

2. Billing contact, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Part II: Applicant Information (continued)

3. Primary contact for departmental correspondence and inquiries, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

4. Attorney or other representative, if applicable:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney:

Phone:

ext.

E-mail:

5. Facility Operator, if different than the applicant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

6. Site Owner, if different than the applicant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Part II: Applicant Information (continued)

7. Engineer(s) or other consultant(s) employed or retained to assist in preparing the application [or in designing or constructing the activity].

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Service Provided:

Check here if additional sheets are necessary, and label and attach them to this sheet.

Part III: Site Information

1. SITE NAME AND LOCATION

Name of Site :

Street Address or Location Description:

City/Town:

State:

Zip Code:

2. **INDIAN LANDS:** Is or will the facility be located on federally recognized Indian lands? Yes No

3. **COASTAL BOUNDARY:** Is the activity which is the subject of this application located within the coastal boundary as delineated on DEEP approved coastal boundary maps? Yes No

If yes, and this application is for a new authorization or a modification of an existing authorization where the physical footprint of the subject activity is modified, you must submit a [Coastal Consistency Review Form](#) (DEP-APP-004) with your application as Attachment H.

Information on the coastal boundary is available at www.lisrc.uconn.edu. (Click on the upper tab or left hand column labeled "Maps", then "Coastal Connecticut") or the local town hall or on the "Coastal Boundary Map" available at DEEP Maps and Publications (860-424-3555).

If no, is the activity which is the subject of this application located within the coastal area? (see town list in the instructions) Yes No

4. **ENDANGERED OR THREATENED SPECIES:** According to the most current "State and Federal Listed Species and Natural Communities Map", is the activity which is the subject of this application located within an area identified as a habitat for endangered, threatened or special concern species or located less than ½ mile upstream or downstream of such an area? Yes No Date of Map:

If yes, complete and submit a [Request for NDDB State Listed Species Review Form](#) (DEP-APP-007) to the address specified on the form, **prior** to submitting this application. **Please note NDDB review generally takes 4 to 6 weeks and may require additional documentation from the applicant. A copy of the completed Request for NDDB State Listed Species Review Form and the CT NDDB response must be submitted with this completed application as Attachment I. (If timing is an issue, the application may be submitted pending NDDB response. Processing may commence pending response at the discretion of the Department.)**

For more information visit the DEEP website at www.ct.gov/deep/nddbrequest or call the NDDB at 860-424-3011.

Part III: Site Information

5. AQUIFER PROTECTION AREAS: Is the site located within a town required to establish Aquifer Protection Areas, as defined in section 22a-354a through 354bb of the General Statutes (CGS)?
 Yes No To view the applicable list of towns and maps visit the DEEP website at www.ct.gov/deep/aquiferprotection

If yes, is the site within an area identified on a Level A map? Yes No
If yes, is the site within an area identified on a Level B map? Yes No

If your site is on a Level A map, check the DEEP website, [Business and Industry Information \(www.ct.gov/deep/aquiferprotection\)](http://www.ct.gov/deep/aquiferprotection) to determine if your activity is required to be registered under the Aquifer Protection Area Program.

If your site is on a Level B map, no action is required at this time, however you may be required to register under the Aquifer Protection Area Program in the future when the area is delineated as Level A.

6. CONSERVATION OR PRESERVATION RESTRICTION: Is the property subject to a conservation or preservation restriction? Yes No

If Yes, proof of written notice of this application to the holder of such restriction or a letter from the holder of such restriction verifying that this application is in compliance with the terms of the restriction, must be submitted as Attachment J.

7. Is the site located within a 1/4 mile radius of a well used for potable supply? Yes No

8. Groundwater classification of the site:

Part IV: Activity Information

1. Maximum daily flow of the discharge: _____ gpd
Number of hours per day of the discharge: _____
Maximum Instantaneous Flow: _____ gpm

2. Provide a brief description of the activity producing the discharge:

Part IV: Activity Information (continued)

3. Provide an estimated duration of the discharge activity. _____
Estimated beginning date: _____
Estimated ending date: _____

4. Name of surface waterbody if discharging to a surface water, POTW if discharging to a POTW, or watershed if discharging to groundwater:

5. Type of contamination, if any:

6. Volume of product lost, if any:

Part V: Supporting Documents

Check the applicable box below for each attachment being submitted with this application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on this application form.

Attachment A: A site diagram indicating the location of all structures, drainages, parking areas, monitoring or recovery wells or drinking water wells within a 1/4 mile radius of the site, and all existing or proposed equipment, structures and discharge locations associated with the discharge activity.

Attachment B: An 8 1/2" by 11" copy of the relevant portion or a full-sized original of a United States Geological Survey (USGS) quadrangle map, with a scale of 1:24,000, showing the location of the site and the exact location of each discharge. Please include the quadrangle name and number of the USGS map on the copy.

Attachment C: Plans and specifications for the proposed collection and treatment system to be installed on site.

Part V: Supporting Documents (continued)

- Attachment D: *Emergency or Temporary Authorization Screening Form* (DEP-WPED-APP-201) (attached)
Provide sample analyses results indicating pollutants in untreated water to be discharged. Any analyses results submitted must be from samples collected within the past 12 months and must include any known or existing contaminants. Contact Donald Gonyea at 860-424-3827 if you have any questions. Analyses results must be submitted on the screening form provided. Please submit copies of the lab results also. If necessary, analyses conducted for soil characterization may be submitted in lieu of untreated water analyses.
- Attachment E: For all discharges to a sanitary sewer (POTW), an *Approval for Connection to a POTW* (DEP-WPED-APP-202) (attached).
- Attachment F: A report detailing the nature of the work being conducted. If the discharge is to continue beyond 30 days, this report must detail the nature of the "imminent threat to human health or the environment".
- Attachment G: Please submit any additional information pertinent to the activity to be covered by this Authorization. For example, if the discharge includes a discharge of any substance to soil or groundwater, include site hydrogeology, boring logs, direction of groundwater flow, groundwater quality classification, location of monitoring and recovery wells, location of sensitive receptors (potable supply wells, streams, etc.), and detailed information on the substances to be discharged (MSDS sheets are typically not sufficient), etc. If new technology is to be implemented, include summaries of case studies, in addition to technology details.
- Attachment H: [Coastal Consistency Review Form](#) (DEP-APP-004), if applicable.
- Attachment I: Copy of the completed *Request for [NDDB State Listed Species Review Form](#)* (DEP-APP-007) and the NDDB response, if applicable.
- Attachment J: Conservation or Preservation Restriction Information, if applicable.

Continued on next page

Part VI: Applicant Certification

The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered incomplete unless all required signatures are provided.

| | |
|---|--|
| <p>“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.”</p> | |
| <p>_____ Signature of Applicant</p> | <p>_____ Date</p> |
| <p>_____ Name of Applicant (print or type)</p> | <p>_____ Title (if applicable)</p> |
| <p>_____ Signature of Preparer (if different than above)</p> | <p>_____ Date</p> |
| <p>_____ Name of Preparer (print or type)</p> | <p>_____ Title (if applicable)</p> |
| <p><input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. You must include signatures of any person preparing any report or parts thereof required in this application (i.e., professional engineers, surveyors, soil scientists, consultants, etc.)</p> | |

Note: Please submit this completed Application Form, Fee, and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT
 DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
 79 ELM STREET
 HARTFORD, CT 06106-5127

Send a copy of this completed form to: the receiving POTW, for POTW discharges; or, the applicable town engineering department, for surface water or groundwater discharges.

Attachment D: Emergency or Temporary Authorization Screening Form

Applicant's Name:
(as indicated on the *Application Form*)

Site Address:

Sample monitoring results shall be recorded on this form. Samples shall be analyzed for all pollutants that are known or suspected to be present in the discharge before treatment, if any.

Date Sampled: _____ Type of Discharge: _____

| Parameter | Result 1 | Result 2 |
|---|----------|----------|
| Daily Flow | | |
| VOCs (EPA Method 624) chlorinated compounds | | |
| VOCs, Total (EPA Method 624) | | |
| Oil & Grease - Hydrocarbon Fraction | | |
| MTBE | | |
| Total Lead | | |
| Arsenic | | |
| Barium | | |
| Beryllium | | |
| Boron | | |
| Cadmium | | |
| Chromium (total) | | |
| Chromium (hexavalent) | | |
| Cobalt | | |
| Copper | | |
| Magnesium | | |
| Mercury | | |
| Nickel | | |
| Selenium | | |
| Silver | | |
| Thallium | | |
| Tin | | |
| Vanadium | | |
| Zinc | | |
| Total Cyanide | | |
| Amenable Cyanide | | |
| Phenols (EPA Method 625) | | |
| Phthalate Esters (EPA Method 606) | | |
| Polynuclear Aromatic Hydrocarbons (PAHs) (EPA Method) | | |
| Base Neutral/Acid Extractables (BNAs) (EPA Method 625, Excluding PAHs & Phenols) | | |

Attachment D: Emergency or Temporary Authorization Screening Form (continued)

| Parameter | | Result 1 | Result 2 |
|---|--------|------------------------------|----------|
| Pesticides (EPA Method 608) | | | |
| Aldrin | | | |
| alpha-BHC | | | |
| beta-BHC | | | |
| delta-BHC | | | |
| gamma-BHC (Lindane) | | | |
| Chlordane (technical) | | | |
| 4,4' - DDD, plus 4,4' - DDE, plus 4,4' - DDT Combined | | | |
| Dieldrin | | | |
| Endosulfan I | | | |
| Endosulfan II | | | |
| Endosulfan Sulfate | | | |
| Endrin | | | |
| Endrin aldehyde | | | |
| Heptachlor | | | |
| Heptachlor epoxide | | | |
| Methoxychlor | | | |
| Toxaphene | | | |
| Chlorinated Herbicides (EPA Method 615) | | | |
| 2,4 D plus 2,4 DB | | | |
| 2,4,5 T | | | |
| 2,4,5 TP (Silvex) | | | |
| Dicamba | | | |
| PCBs (EPA Method 608) | | | |
| Parameter | Result | Parameter | Result |
| PCB - 1016 | | <i>Other PCBs if present</i> | |
| PCB - 1221 | | | |
| PCB - 1232 | | | |
| PCB - 1242 | | | |
| PCB - 1248 | | | |
| PCB - 1254 | | | |
| PCB - 1260 | | Total PCBs: | |

Attachment E: Approval for Connection to a POTW (Sanitary Sewer)

The applicant *and* a responsible official from the POTW receiving the discharge must sign this approval. *Where a local sewer commission acts independently of the POTW (i.e. facilities that receive sewage from more than one town), both the local sewer commission and POTW authority must sign the approval.*

| | | |
|--|---|----------------------------------|
| The below referenced facility is seeking Authority from the Department of Environmental Protection to discharge wastewater to the sanitary sewer for a period of _____ (check one) | | |
| <input type="checkbox"/> <30 days | <input type="checkbox"/> >30 days to one year | <input type="checkbox"/> >1 year |
| Discharge volume will not exceed _____ | | gallons per day. |
| The discharge shall consist of: | | |
| Discharge Site: | | |
| Site Address: | | |
| City/Town: _____ | State: _____ | Zip Code: _____ |
| _____ Signature of Applicant | | _____ Date |
| To be completed by receiving POTW: | | |
| Name of Receiving POTW: | | |
| Address of POTW: | | |
| City/Town: _____ | State: _____ | Zip Code: _____ |
| Approved by: _____ | _____ | _____ |
| Signature | | Date |
| _____ Name (please print) | | _____ Title |
| To be completed by Commission: | | |
| Local Sewer Commission: | | |
| (if different than receiving POTW) | | |
| Address: | | |
| City/Town: _____ | State: _____ | Zip Code: _____ |
| Approved by: _____ | _____ | _____ |
| Signature | | Date |
| _____ Name (please print) | | _____ Title |
| Comments: | | |